

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009699

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 371 Primary Registration District No. 6259 Registrar's No. 6

FILED MAR 12 1962

VS 300  
Rev. 4/59

1 1120

2 1120

3

4 0

5 1

6

7 1

8 2

9 420.1

10

11

12 90-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>WEBSTER</b>		a. STATE <b>MO.</b> b. COUNTY <b>WEBSTER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SEYMOUR ROUTE 3</b>		c. CITY OR TOWN <b>SEYMOUR</b>	
c. FULL NAME OR (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOME</b>		d. STREET ADDRESS <b>ROUTE 3</b>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <b>JOHN</b> Middle <b>LOYD</b> Last <b>MUNN</b>		Month <b>2</b> - Day <b>28</b> - Year <b>62</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT. 23, 1897</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DISABLED VETERAN</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>64</b>
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY TURNER</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR I + II</b>		14. NAME OF HUSBAND OR WIFE <b>IDA MUNN</b>	
18. CAUSE OF DEATH (Enter only one cause per line)		17. INFORMANT <b>MRS. IDA MUNN SEYMOUR, MO. RT. 3</b>	
PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY	Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>2/28/62</b> to <b>2/28/62</b> and last saw him alive on <b>2/10/62</b>			
Death occurred at <b>11:15P</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R.P. Schultz, M.D.</b>		22b. ADDRESS <b>Fordland, Mo.</b>	22c. DATE SIGNED <b>3/5/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-5-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MURRAY</b>	23d. LOCATION (City, town, or county) <b>DOUGLAS CO. Mo.</b>
24. FUNERAL DIRECTOR <b>Robert Bergman Seymour, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>MAR. 7-1962</b>	26. REGISTRAR'S SIGNATURE <b>Opal M. Good</b>

MAR 15 1962

MAR 13 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.